

# EARLY INTERVENTION PROGRAM

## OUTCOMES MANAGEMENT REPORT

### 2018-2019



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## PROGRAM DESCRIPTION

The Early Intervention Program (EIP) is a community-based service for children with special needs from birth to age five, and their families living in the Vancouver, Burnaby, Richmond and North and West Vancouver regions. The program assists children to realize their full potential using specialized knowledge in assessment, therapy, consultation and family support.

We are committed to providing evidence informed practice that is clinically effective, goal directed and fiscally responsible to promote each child and family's health and participation in community life.

We believe that every child has the right:

- To enjoy life;
- To be celebrated; and
- To be provided with the support needed to achieve their goals.

We further believe that:

- Collaboration with the family and community partners is the most effective way to support children; and
- The family's community is the best place for a child to grow, develop and contribute.

The EIT program provides:

- Occupational Therapy, Physiotherapy, Speech Language Pathology, and Social Work services;
- Home, community and clinic-based services;
- Information and resources for families;
- Parent education and customized home programming;
- Continuum of therapy services, from initial screening assessments to workshops , groups and individual therapy services.

Extensive resources and services to assist children and their families; including Toy Lending Library, Equipment Lending Library, educational workshops and specialty services such as intensive feeding services, casting and splinting and treadmill training.

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## 2018/2019 Program Summary

### Highlights:

- Successful CARF Accreditation with no recommendations completed in November 2018
- Expanded the Feeding Service to include children with all feeding issues, birth to 5 years (excluding those related to mental health)
- Piloted a Physiotherapy acupuncture fee for service program
- Trialed offering Occupational Therapy Focused Learning Sessions across 3 of the 4 BCCFA Regions

### Community Partnerships:

- VEIAN (Vancouver Early Intervention Agency Network) annual event for staff held on April 12, 2018 with a focus on Networking and the EDI data
- Support to Richmond Society for Community Living proposals for development of Community Hubs
- Provided two OT workshops to Alan Cashmore clients
- Expanded the use of the simplified IDP referral form to include Burnaby, in addition to Vancouver
- Feeding Team met with dietitians at Vancouver Coastal Health to clarify referrals to the expanded BCCFA Feeding Service

### Academic Partnerships:

- Provided supervised clinical placements for students in all disciplines: Physiotherapy, Occupational Therapy, Speech-Language Pathology
- Strong relationship with UBC School of Physical Therapy through clinical faculty appointments, teaching and committee participation

### Learning Opportunities (for all staff):

- Executive Functions workshop by Sarah Ward
- Education for PTs and OTs regarding equipment prescription
- Workshop about working with Transgender children

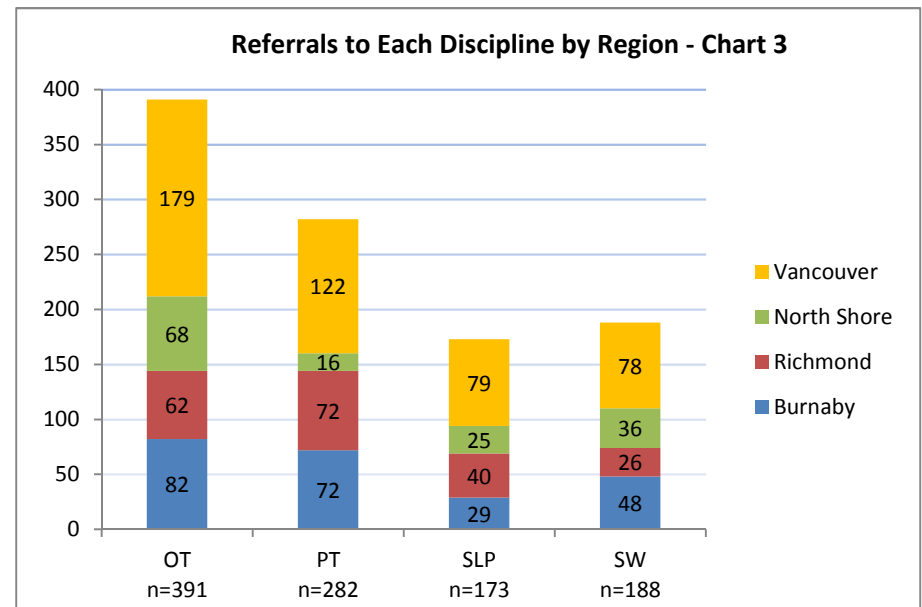
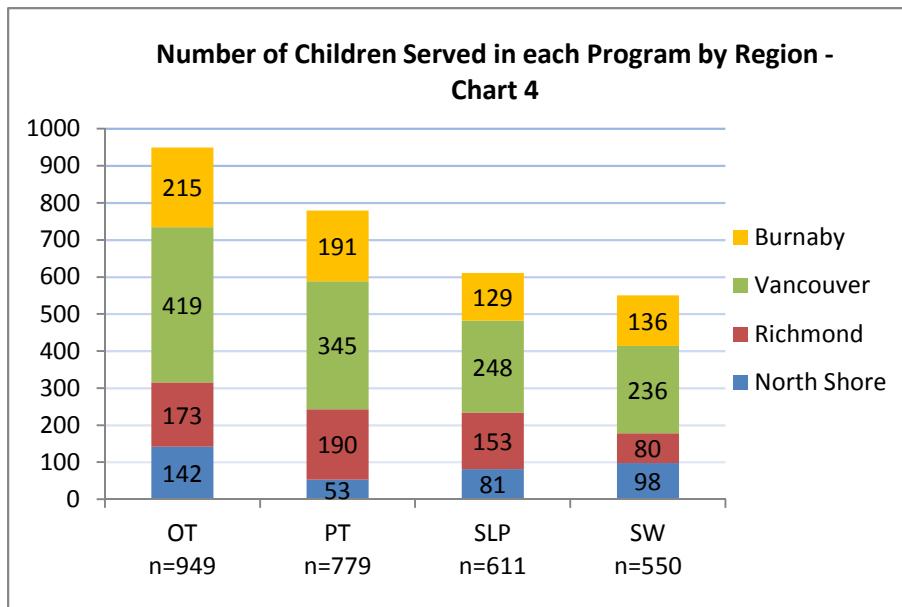
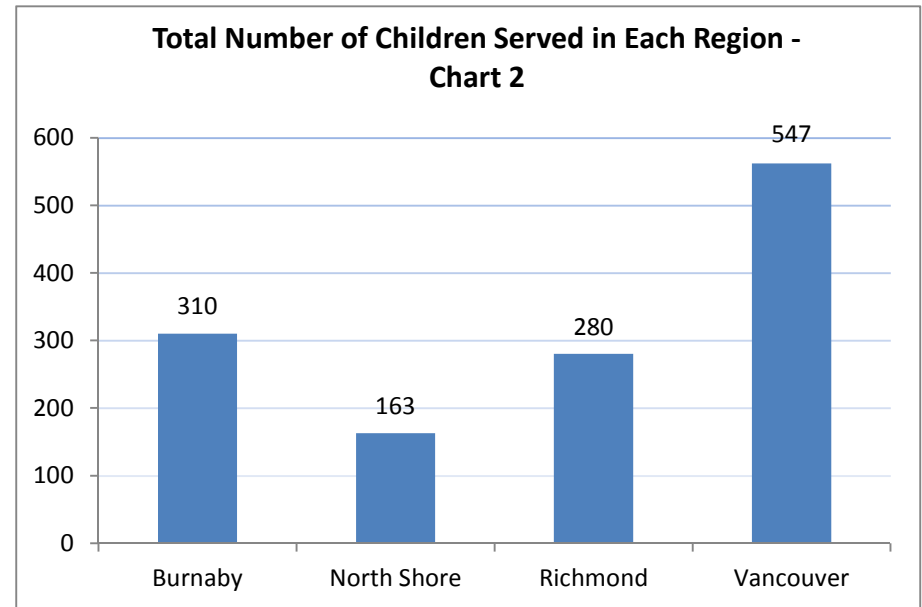
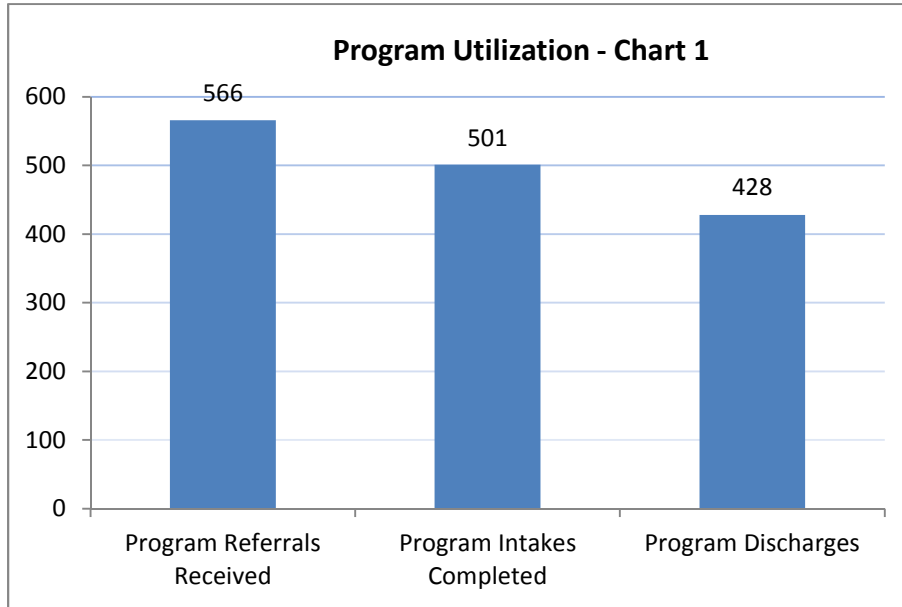
### Positive Program Outcomes:

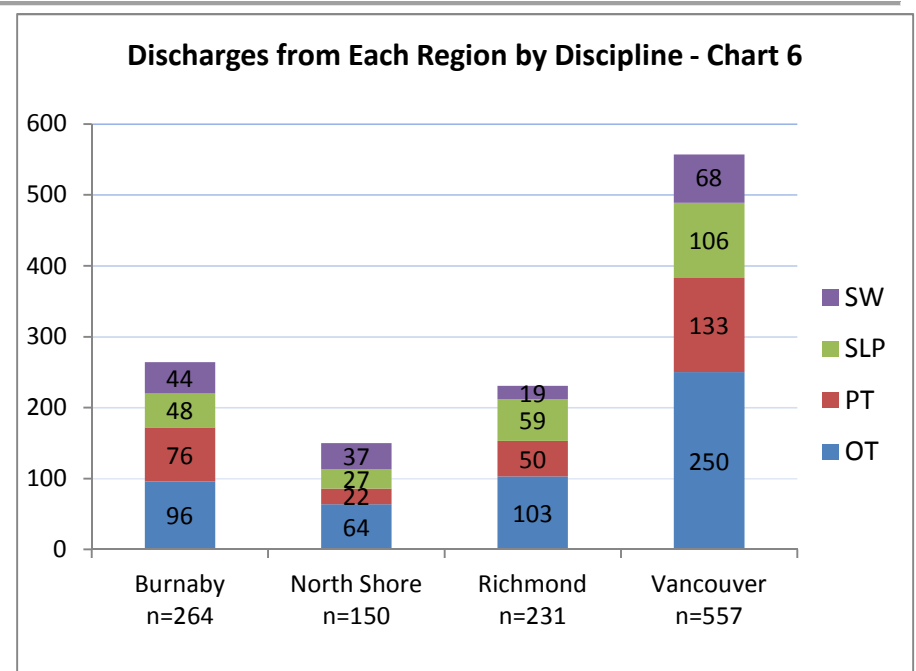
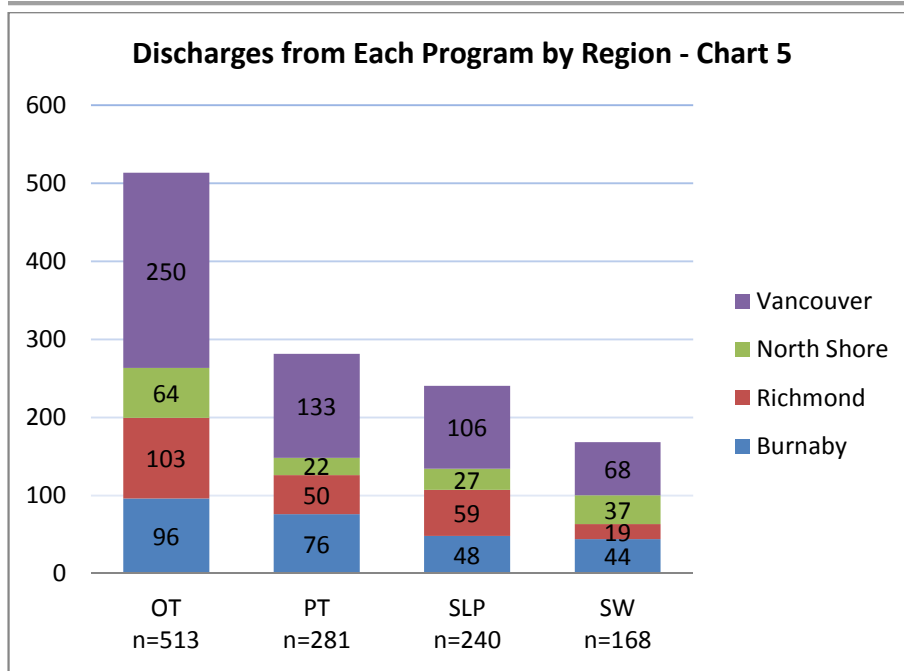
- Families report high levels of satisfaction, with 93.5% of survey respondents indicating that “The services we have received from BCCFA have made a positive difference in our lives”

### Challenges for the Program:

- 25% increase in referrals with no increase in staffing levels
- Increased number of clients referred who fit our Prioritization categories of Urgent or Tier III
- Longer wait times for services in most Regions and Disciplines

## DEMOGRAPHICS: 2018 – 2019 Active Clients (n = 1300 unique individuals)



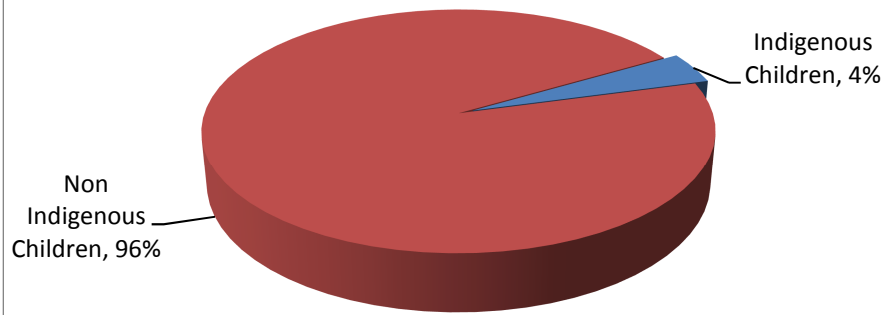


#### Analysis of Program Utilization:

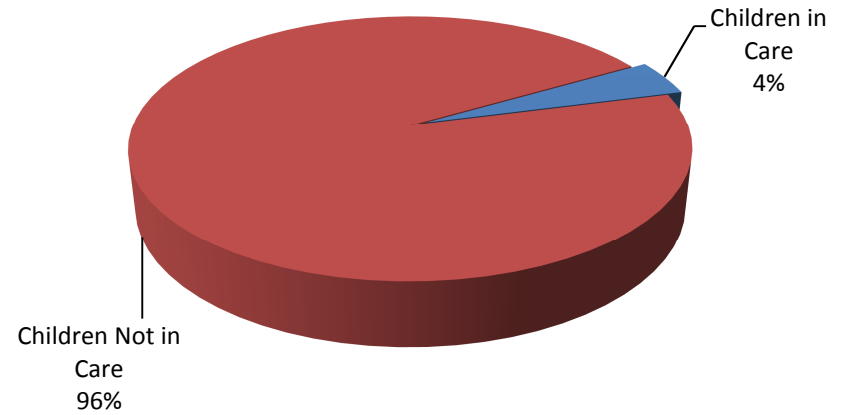
For children accepted for and receiving any service through the Early Intervention Program (Table 1 – Program Referrals), subsequent referrals for additional services are not reflected. Subsequent to the first time referral data, children are often referred interdepartmentally to other services which accounts for the increase in children served by various disciplines.

- **Total # of first time referrals is up by 31% over 2017/18**
  - 56% increase in referrals for OT services (all regions)
  - 18% increase in referrals for PT services (all regions)
  - 3% decrease in referrals for SLP services (all regions)
  - 55% increase in referrals for SW services (all regions)
- **Total # of unique children served is up by 7% over 2017-18**
  - 11% increase in the number of children receiving OT services
  - 6% increase in the number of children receiving PT services
  - 1% increase in the number of children receiving SLP services
  - 7% increase in the number of children receiving SW services

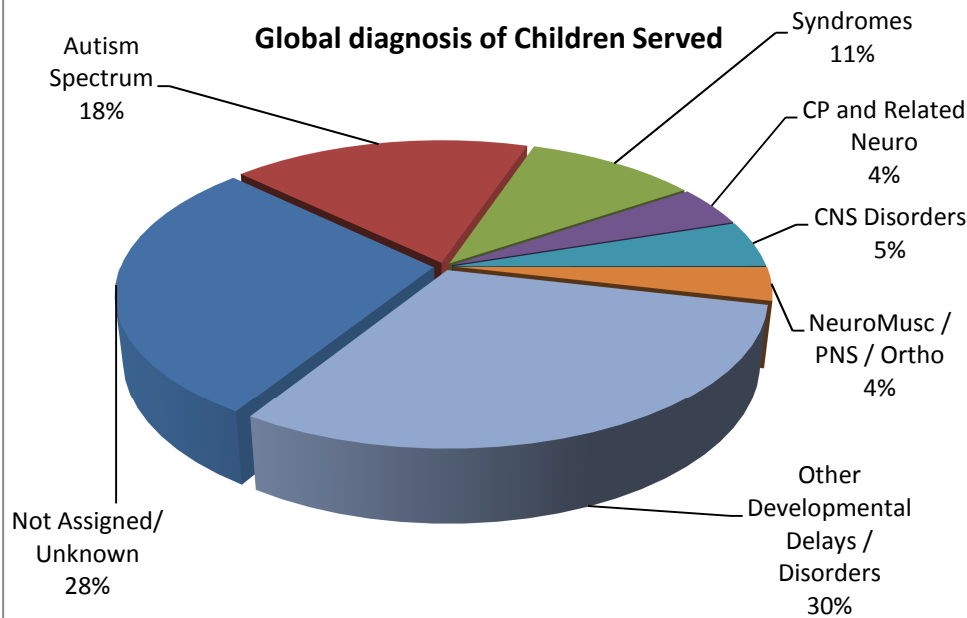
**Indigenous Children vs. Non-Indigenous Children**



**Children in Care vs. Children Not in Care**



**Global diagnosis of Children Served**



**Demographics Analysis:**

**Indigenous children:** 4% of clients served self-identified as Indigenous, which is down by 1% from last year.

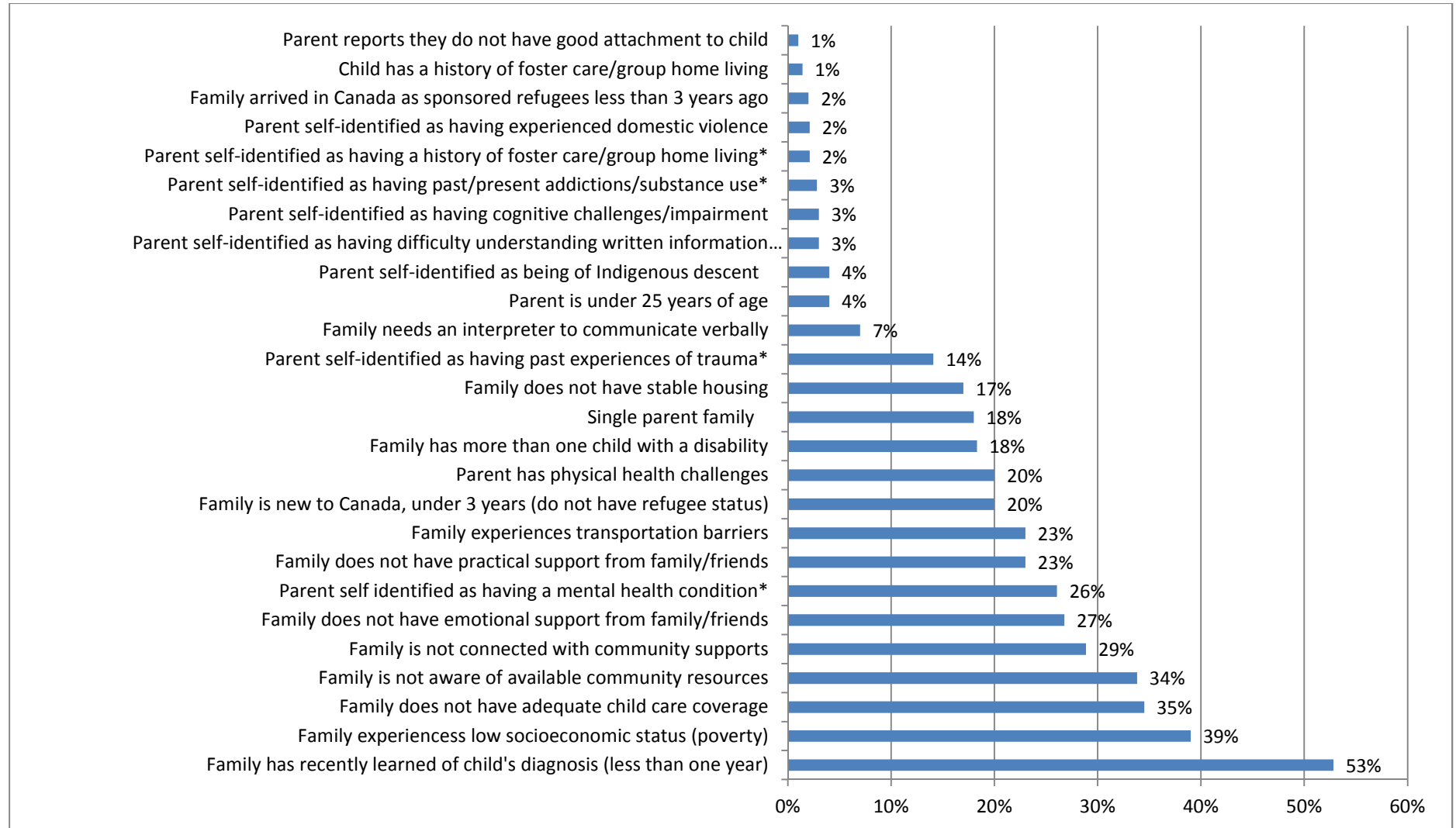
**Children in Care:** Of the total children served by the Centre, 4.3% were identified as being in care. Among the sub-set of Indigenous children (n=56) served by the Centre, 42.1% were in care and 3.3% of non-Indigenous children were in care.

**Diagnoses:** The distribution of the diagnoses of children in the program remains almost the same as last year, with only nominal changes. Children with a primary diagnosis of Autism make up 18% of children served. Currently the number of children who are accepted into the program with unknown diagnosis who are subsequently diagnosed with ASD is not tracked, and are not included in the 18%.

28% of Children who enter the program have no known cause or confirmed diagnosis to account for their delays.

## Vulnerability Factors of New Family Referrals to Social Work Services n=142

Many families reported multiple vulnerability factors. This data, recorded 3 months post intake for Social Work services, demonstrates the increasing complexity of the children and families served through the Early Intervention Program.



\* Parent reported that these factors affect how they manage and cope with the stresses of parenting a child with special needs.



## STATUS REPORT 2018/2019 PERFORMANCE IMPROVEMENT PLAN

Area for Improvement	Action Plan	Outcomes
Improve workflow of therapy services	<ul style="list-style-type: none"> <li>Intake process – improve consistency in the recording of key dates (especially earlier dates of referral for transfers to BCCFA services).</li> </ul>	<b>Complete:</b> Created a reference document for consistency in setting the Recommended date.
	<ul style="list-style-type: none"> <li>Ensure Regional Team meetings review referrals needed for other disciplines, to ensure timely referrals are made.</li> </ul>	<b>Complete:</b> All regional meetings have a standing item on their agenda to ensure timely referrals to other disciplines.
Improve Direct Service Hours achieved in all Disciplines by reducing time spent in required Indirect Services (documentation).	<ul style="list-style-type: none"> <li>Develop report Templates for all disciplines.</li> <li>Develop discipline specific screening checklists for families.</li> </ul>	<p><b>Partially Complete:</b> Initial drafts completed and beginning to trial. ECR documents module has been updated.</p> <p><b>Complete:</b> Developmental screening checklists are on the website for parent referral.</p>
Increase the number of children with goal achievement measurement entered into ECR	<ul style="list-style-type: none"> <li>Increase the number of individual clients with rated goals in the Electronic Client Record - 70% of active clients will have goal achievement recorded.</li> <li>Ensure consistency in how and when goals are rated.</li> </ul>	<p><b>Complete:</b> Achieved @ 70% for clients receiving service for at least 8 months.</p> <p>Discipline wide discussions were held to discuss entering POMS for sessional outcomes.</p>

## 2018 - 2019 PROGRAM OUTCOMES

### Access to Services

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2018/19	2017/18	2016/17
<b>Families referred to the EIT Program receive timely services.</b>	Percentage of children who have an initial service plan within 3 months of referral.	Referrals accepted into program before <b>December 31/18.</b>	75%	<b>78.3%</b> (349/446)	64.2% (298/464)	83.3% (394/473)
<b>Families referred to the EIT Program receive timely services</b>	Percentage of families who receive recommended therapy services within 3 months of service plan recommendation.	Departmental intakes and ECR data	75%	<b>Vancouver Coastal Region</b>		
				<b>OT 71%</b> (256/359)	OT 63% (145/232)	OT 56% (141/252)
				<b>PT 64%</b> (155/244)	PT 75% (130/173)	PT 75% (142/189)
				<b>SLP 52%</b> (91/174)	SLP 54% (84/155)	SLP 76% (98/129)
				<b>Fraser Region</b>		
				<b>OT 57%</b> (54/95)	OT 59% (36/61)	OT 23% (19/82)
<b>PT 86%</b> (65/76)	PT 76% (48/63)	PT 76% (37/49)				
<b>SLP 67%</b> (28/42)	SLP 80% (41/51)	SLP 75% (33/44)				

**Analysis - Access to Services:**

At Intake the initial service plan completed within 3 months surpassed the 75% target level, which is particularly noteworthy given the 25% increase in overall referrals. Initial Screenings are provided within the 3 month target level for all disciplines. Additional screening clinics are added as needed to ensure this timeline is achieved. The results of the Initial Screening provide families with immediate assessment information, strategies and additional referrals to help support their child while waiting for ongoing services (Regular).

All disciplines struggled to meet the 75% target for the provision of **Regular Services within 3 months**. Some of the reasons for the longer wait for regular services include:

- 25% increase in referrals with no corresponding increase in staffing levels
- Increase in the number of Tier III and Urgent referrals who must be seen within 2-8 weeks. Meeting the required timeline for urgent referrals delayed the service start date for those already waiting for services
- Our policy for honouring the original Date of Referral when children are referred from other publicly funded agencies (particularly referrals for SLP from Health Units) impacts the wait time for children on the waitlist, as these new referrals have an original date of referral (from the other agency) that moves them above others already on the waitlist, and falsely indicates a wait time of longer than three months.

**Efficiency**

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2018/19	2017/18	2016/17
EIT staff spend the majority of their daily work in client related activities	Percentage of funded FTE hours that are related to the delivery of client services.	All EIT therapists and social workers	Therapists 80%	<b>OT</b> <b>72.7%</b> (8262/11368)	OT 77% (7896/10259)	OT 83% (8963/10803)
				<b>PT</b> <b>77.9%</b> (8323/10683)	PT 80% (7323/9163)	PT 89% (7865/9115)
		Analysis of all stats entered	Social Workers 75%	<b>SLP</b> <b>73.4%</b> (7786/10613)	SLP 75% (7267/9645)	SLP 79% (8812/11141)
				<b>SW</b> <b>69%</b> (3297/4775)	SW 76% (3237/4270)	SW 72% (4111/5739)

**Analysis – Efficiency:**

The decrease in client related service hours may be partially explained by:

- Departmental participation in the Accreditation process during this fiscal year, required many staff to provide more administrative, non-client related hours to prepare for the survey, which decreased their time to provide client related hours.
- SLP department on-boarded 3 new SLPs in August & September 2018. Onboarding activities impact new staff’s ability to meet client related service hour targets, as it takes some time before they can carry a full caseload.
- SW department hired 2 new staff due to retirement of long term staff. Onboarding activities impact new staff’s ability to meet client related service hour targets, as it takes some time before they can carry a full caseload.
- Some staff were impacted by the multiple organizational changes that occurred throughout this year including the retirement of our long term Executive Director, the hiring of a new ED, who resigned after only 3 months, and the subsequent appointment of an interim ED.

A permanent Executive Director was appointed in January 2019, a new position of HR advisor was created and a vigorous staff engagement process was initialized throughout the organization. All staff that were on boarded in 2018/19 are now carrying a full caseload. We anticipate that all disciplines will see an increase in client related hours next year.

**Effectiveness**

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2018/19	2017/18	2016/17
<b>Families have increased knowledge and have gained skills to be able to help their child</b>	Percentage of Families who indicate*:	Families who respond to online Agency annual survey	90%	<b>a. 100%</b> (139/139)	98% (163/166)	a. 96% (126/131)
	a. Staff explain things in ways they understand			<b>b. 99.3%</b> (138/139)	98% (163/167)	b. 94% (119/126)
	b. Shared reports are easy to understand			<b>c. 94.2%</b> (131/139)	95% (158/167)	c. 94% (126/134)
	c. Information and resources provided are helpful			<b>d. 91.9%</b> (125/136)	93% (154/165)	d. 94% (134/142)
	d. Their child has made progress toward their goals					
	* Response of 3 or 4 on a 4 pt. Likert Scale					

**Effectiveness** (cont')

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2018/19	2017/18	2016/17
<b>Families have increased knowledge and have gained skills to be able to help their child</b> (cont')	% of short term desired outcomes that are “achieved, better than expected or excelled” in the following category:  a. Learning and applying knowledge (Parent/Caregiver)	All children with therapy goals entered into ECR (PT, OT, SLP)	75%	<b>93%</b> (74/80)	91% (79/87)	98% (124/126)
	% of families reporting* increased knowledge and skills gained following attendance at information or educational workshop.	Families who attended a Kindergarten Entry workshop	90%	<b>99%</b> (109/110)	98% (98/100)	99% (153/154)
		Families who networked when attending a Parent Group		<b>96%</b> (119/124)	95% (124/130)	98% (58/59)
		Families who attended a workshop offered by OT or SLP department.		<b>OT</b> <b>97%</b> (56/58)  <b>SLP</b> <b>100%</b> (24/24)	OT 89% (66/74)  SLP 89% (8/9)	OT 100% (39/39)  SLP 100% (7/7)
% of families reporting* increased confidence to advocate for their child’s needs after discharge from EIT program.	Families who attended Parent Support Group offered by SW department	85%	<b>98%</b> (108/110)	98% (100/102)	92% (156/159)	

\* Response of 3 or 4 on a 4 point Likert Scale

**Effectiveness (cont')**

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2018/19	2017/18	2016/17
<b>Families have increased knowledge and have gained skills to be able to help their child (cont')</b>	% of families who reported that they learned something new that they could apply with their family.	Families who attended Psychosocial education & training group offered by SW department (this does not include Kindergarten Entry workshops)	85%	97% (66/68)	98% (160/162)	98% (190/194)
<b>Children involved in the program achieve their desired outcomes</b>	% of short-term desired outcomes for children that are "achieved, better than expected or excelled" in the following categories:  a. Posture and Mobility  b. Play and Learning  c. Self- Care  d. Communication	All children with therapy outcomes entered into ECR  (Based on 1571 outcomes for 584 unique children)	75%	a. 78% (330/424)  b. 71% (276/390)  c. 74% (221/299)  d. 81% (305/378)	a. 78% (336/432)  b. 70% (267/384)  c. 73% (144/197)  d. 55% (102/185)	a. 82% (323/392)  b. 73% (272/371)  c. 76% 182/240  d. 54% (164/303)

**Effectiveness** (cont')

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2018/19	2017/18	2016/17
<b>Families of children involved in the program achieve their desired outcomes</b>	% of short-term desired outcomes that are “achieved, or better than expected” in the following categories:	All families with Social Work outcomes entered into ECR  (Based on 199 outcomes for 130 unique children/families)	75%	a. 88% (56/64)	a.78% (62/79)	a. 84% (90/107)
	a. Social and emotional well-being			b. 91% (64/70)	b.91% (59/65)	b. 94% (101/107)
	b. Learning and applying knowledge			c. 97% (29/30)	c. 94% (49/52)	c. 88% (44/50)
	c. Well-being of client and family			d. 57% (20/35)	d. 62% (23/37)	d. 84% (21/25)
	d. Building positive family relationships and interactions					

**Effectiveness Analysis:**

- Therapy outcomes in the area of Communication increased significantly due to an increased focus by the SLP team around writing achievable goals and providing new staff with consistent training on the Goal Rating process in the ECR (electronic client record).
- The program will continue to provide the most effective, evidence informed therapy available.
- When the “Building positive Family Relationships and Interactions” goal includes the families who made partial progress toward achieving this goal (14/35), the achievement results are **97% (34/35) of families making some progress** in this area. These results reflect this goal is an ongoing, process oriented goal for all families however, only some families could clearly identify distinct markers of progress in their family.

## Satisfaction

Outcome	Indicator	Measure Applied to	Target Level	Achieved Outcome		
				2018/19	2017/18	2016/17
<b>Families are satisfied with the services offered by the EIT program</b>	% families who have received any EIT service for more than 6 mo., had a positive response to the following statements*: a. Families report that they understand the services and supports that are available at BCCFA. b. Families are included in determining goals for their child/family c. Families would recommend BCCFA services to a friend or family member d. Services from BCCFA have made a positive difference in our lives.  <i>* Response of 3 or 4 on a 4 pt. Likert Scale</i>	All families responding to Online Agency Feedback Satisfaction survey	90%	<b>a. 94.2%</b> (131/139)	a.89% 147/165	a. 94% (126/134)
				<b>b. 97.8 %</b> (136/139)	b.93% 156/167	b. 94% (132/140)
				<b>c. 93.4%</b> (127/136)	c.96% 157/164	c. 93% (128/138)
				<b>d. 93.5%</b> (129/138)	d. not measured	d. not measured

### Satisfaction Analysis:

The survey response rate was 18% (141 surveys returned from 776 sent out).

Overall the EIT program continues to be rated highly by those families who respond to the survey.



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## Themes and quotes from the comments on the parent feedback survey:

### What was most helpful?

- **Therapy activities embedded into daily activities:**

- *"I loved the practical exercises that both OT & PT give. It's easy to understand and we're able to try out these little tricks that make a big difference – and I would have never known to try them before!"*
- *"Gaining knowledge on what we can do daily to help our children"*

- **Knowledgeable and caring staff**

- *"Our SLP is outstanding. She is warm, encouraging and very patient with our children, and is very clear with teaching me, the parent and our nanny, tools on how to support the twins' speech development"*
- *"Our PT and OT are wonderful and have help us to set goals and achieve them. They listen to our needs and concerns. They explore for options and answers with us to meet our unique situation. They are very patient, and observe to cater the therapy to meet the child's needs"*
- *"Our Social Worker led us step by step throughout, understanding the paperwork and what to focus on. Moreover, the home visits were essential in building trust and connection. Finally, the kindergarten information night was important to transition into the school system and support parents to advocate and support their children"*

- **Community based service options:**

- *"Having home visits is definitely the most helpful aspect"*
- *"...I think the most memorable service was being able to do some playground group visits with PT. That was helpful in the sense that we could actually work with our child in an environment that he lacked a bit of confidence in..."*
- *"Having PT and speech therapy in our home, and not having to travel, has been so incredibly helpful. Their flexibility in coming into the daycare is also great as it means all of our daughter's caregivers can be involved in setting and achieving goals"*

### What was frustrating or disappointing?

- **Accessibility**

- *"All the workshops are off limits to me as I would have to bring my son with me and there is no childcare"*
- *"Centre is not in a very convenient location, not close to skytrain"*
- *"Can you provide any SLP service in weekend?"*

- **Waitlists & Frequency of services**

- *"Mostly it's the wait time to get the services and the frequency of the program"*
- *"It hasn't been as intensive as my child needs, the stimulation provided is minimal and often very generic and I find the consultation-based approach is not what we were hoping for"*
- *"SLP, OT and PT are consultative only and infrequent. They should be providing actual direct therapy on a weekly basis to meet the needs of our child"*

## 2019/2020 PERFORMANCE IMPROVEMENT PLAN

Area for Improvement	Action Plan	Target Dates
Strengthen community partnerships	<ul style="list-style-type: none"> <li>• Connect with the Family Support Institute for staff and parent education</li> <li>• Connect to Mental Health services in all Regions (Alan Cashmore, Child and Youth Mental Health, etc.)</li> <li>• Investigate need/funding opportunities to add a Mental Health component to EIT services</li> <li>• Explore ways to educate community partners about our services (coaching model; update Community Partner handbook)</li> </ul>	<p>June 2019</p> <p>May – August 2019</p> <p>Fall 2019 – Winter 2020</p>
Augment Waitlist Services	<ul style="list-style-type: none"> <li>• Connect with Child Bright for parent coaching support services for clients waiting for services</li> <li>• Explore potential service models to better support families on the waitlist such as drop-in clinics</li> <li>• Consider development of multi-disciplinary parent workshops</li> </ul>	<p>Spring 2019</p> <p>Fall 2019</p>
Enhance service delivery for families	<ul style="list-style-type: none"> <li>• Gather research articles/handouts on coaching to support parents' understanding of our service delivery model</li> <li>• Develop a common language for staff to explain our service continuum to families (e.g. Intake through Discharge)</li> <li>• Consider creating a more family friendly Parent Handbook</li> <li>• Explore avenues for the provision of information in languages other than English</li> <li>• Explore options for Tele-Rehab (workshops, orientation of services)</li> <li>• Implement use of Brief Action Planning (Pro-d provided to staff in April 2019)</li> </ul>	<p>January – March 2020</p>

A status report on completion of this Performance Improvement Plan will be included in the 2019/20 Outcomes Management Report